

In the Trial Court of the Sac & Fox of the Mississippi in Iowa Meskwaki Settlement Meskwaki Tribal Court 307 Meskwaki Rd Tama, IA 52339	
In the Interests of: <div style="text-align: right; margin-right: 100px;">D/O/B:</div> A Minor.	Case Number: _____

INDIAN CHILD INFORMATION

NOW COMES _____ (name), and
 _____ (name) who on oath states:

1. About this Child

a. Child's full legal name: _____ Date of birth: _____
First Middle Last Month/Day/Year

b. Child's current address: _____

c. Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government? No Not Sure Yes, (specify tribe) _____

d. Is this child a descendent of an Indian tribe or tribes recognized by the federal government?
 No Not Sure Yes, (specify tribe/s) _____

e. Child's Clan, if applicable: _____

f. Child's Indian Name, if applicable: _____

g. Is this child married? Yes No Never Married
 If you checked "No," was this child formerly married but the marriage was dissolved or ended in divorce? Yes No

h. Is this child receiving public assistance? Yes No Unknown
 If you checked "Yes," fill out below.

Type of Aid	Monthly Benefit	Type of Aid	Monthly Benefit
<input type="checkbox"/> TANF (Temp. Asst. for Needy Families)	\$ _____	_____	\$ _____
<input type="checkbox"/> Social Security	\$ _____	_____	\$ _____
<input type="checkbox"/> Dept. of Veterans Affairs Benefits	\$ _____	_____	\$ _____

i. Name and address of the person or persons with **LEGAL** custody of this child, presently:

1. About this Child (continued)

j. If the child does not live with the person/s with legal custody, list the name and address of the person this child lives with (has care of the child):

k. Describe any court actions this child has been subject to (adoption, juvenile/child welfare court, marriage dissolution/divorce, domestic relations, custody):

Type of Case	Court Name	Case Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

- l. The Child's birth certificate is Attached Unavailable
- m. Biological birth father is named on birth certificate Yes No Unknown
- n. Biological birth father has acknowledged parentage Yes No Unknown
- o. There has been a judicial declaration of parentage Yes No Unknown
- p. Other alleged father/s (name each and last known location):

- q. Copy of the tribal membership card is? Attached Unavailable
- r. Copy/ies of **C.D.I.B.** (Certificate/s of Degree of Indian Blood)? *List Tribe/s:* _____ Attached Unavailable

- s. Has the child ever attended an Indian School? Yes No Unknown
- If so, name Indian School: _____
- Location: _____

t. Name of School child presently attends: _____

- u. Has the child ever received medical treatment at an Indian Health Service clinic Or U.S. Public Health Service hospital? Yes No Unknown

- v. Does the child now or has the child ever lived on federal trust land, a reservation Or Rancheria, or an allotment? Yes No Unknown

w. Known siblings of child (include full or half siblings):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



A. Child's Biological Mother Living Deceased If deceased, date of death: _____

Name: _____

(Include maiden, married, and former names or aliases)

Current Address: _____

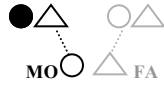
Former Address: _____

Birth date and Place: _____

Tribe or Band, and location: _____

Tribal membership number: _____ Clan: _____

Additional Information: _____



B. Child's Maternal Grandmother Living Deceased If deceased, date of death: _____

Name: _____

(Include maiden, married, and former names or aliases)

Current Address: _____

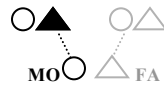
Former Address: _____

Birth date and Place: _____

Tribe or Band, and location: _____

Tribal membership number: _____ Clan: _____

Additional Information: _____



C. Child's Maternal Grandfather Living Deceased If deceased, date of death: _____

Name: _____

(Include former names or aliases)

Current Address: _____

Former Address: _____

Birth date and Place: _____

Tribe or Band, and location: _____

Tribal membership number: _____ Clan: _____

Additional Information: _____



D. Child's Biological Father

Living Deceased If deceased, date of death: _____

Name: _____

(Include former names or aliases)

Current Address: _____

Former Address: _____

Birth date and Place: _____

Tribe or Band, and location: _____

Tribal membership number: _____ Clan: _____

Additional Information: _____



E. Child's Paternal Grandmother

Living Deceased If deceased, date of death: _____

Name: _____

(Include maiden, married, and former names or aliases)

Current Address: _____

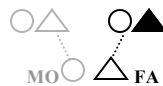
Former Address: _____

Birth date and Place: _____

Tribe or Band, and location: _____

Tribal membership number: _____ Clan: _____

Additional Information: _____



F. Child's Paternal Grandfather

Living Deceased If deceased, date of death: _____

Name: _____

(Include former names or aliases)

Current Address: _____

Former Address: _____

Birth date and Place: _____

Tribe or Band, and location: _____

Tribal membership number: _____ Clan: _____

Additional Information: _____

G. Biological Mother's Known Siblings or Other Family Members

Names/Relationships: _____
(Include maiden, married, _____
and former names or aliases) _____

Additional Information: _____

I. Biological Father's Known Siblings or Other Family Members

Names/Relationships: _____
(Include maiden, married, _____
and former names or aliases) _____

Additional Information: _____

VERIFICATION

Signed this _____ day of _____, 20____

Individual(s) by signing below declares under penalty of perjury and verifies that he or she believes that the statements herein are true and accurate to the best of his or her knowledge and belief.

Signature of Parent or Other, In Front of Notary

Subscribed and sworn to before me this
____ day of _____, 20____

Notary Public
State of _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Signature of Parent or Other, In Front of Notary

Subscribed and sworn to before me this
____ day of _____, 20____

Notary Public
State of _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____